

USAREUR INDIVIDUAL REINTEGRATION CHECKLIST

For use of this form, see DA Deployment Cycle Support CONPLAN (2 May 03).

Data required by the Privacy Act of 1974.

Authority: PL 53-579, 1974; 5 US 552a; 10 US Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In-, Out-, Soldier Readiness, Mobilization, and Deployment Processing); and EON 9397 (SON).

Purpose: To ensure soldiers, civilians, and family members are properly reintegrated.

Routine uses: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

1. Date (yyyy/mm/dd)		2. Name (last, first, MI)			3. Social security number		
4. Service affiliation		5 Component		6. Status			7. Pay plan/grade
<input type="checkbox"/> USA	<input type="checkbox"/> USCG	<input type="checkbox"/> Active	<input type="checkbox"/> TPU	<input type="checkbox"/> RET			
<input type="checkbox"/> USN	<input type="checkbox"/> PHS	<input type="checkbox"/> Guard	<input type="checkbox"/> IRR	<input type="checkbox"/> NG10			
<input type="checkbox"/> USAF	<input type="checkbox"/> NOAA	<input type="checkbox"/> Reserve	<input type="checkbox"/> IMA	<input type="checkbox"/> NG32			
<input type="checkbox"/> USMC		<input type="checkbox"/> Non-military		<input type="checkbox"/> AGR			8. E-mail address
9. Non-military status				10 Travel status		11. Date of birth (yyyy/mm/dd)	
<input type="checkbox"/> DOD	<input type="checkbox"/> Contractor	<input type="checkbox"/> AAFES	a. Unit order				
<input type="checkbox"/> DAC	<input type="checkbox"/> Red Cross	<input type="checkbox"/> Other (specify)	b. Individual				
12. MOS				13. ASI		14. Citizenship country	
15. Language specialties		16. REFRAD date (yyyy/mm/dd)				17. Deployment country	
18. Parent unit		19. Parent UIC		20. Unit DSN phone number		21. Unit phone number	

Overall Status of Each Section

22. In-theater <input type="checkbox"/> Go <input type="checkbox"/> No/Go		23. Personnel <input type="checkbox"/> Go <input type="checkbox"/> No/Go		24. Finance <input type="checkbox"/> Go <input type="checkbox"/> No/Go		25. Installation <input type="checkbox"/> Go <input type="checkbox"/> No/Go		26. Medical <input type="checkbox"/> Go <input type="checkbox"/> No/Go	
27. Security <input type="checkbox"/> Go <input type="checkbox"/> No/Go		28. Legal <input type="checkbox"/> Go <input type="checkbox"/> No/Go		29. Reserve specific <input type="checkbox"/> Go <input type="checkbox"/> No/Go		30. Civilian employee specific <input type="checkbox"/> Go <input type="checkbox"/> No/Go			

Section I - Reintegration validation

Part A. Accuracy statement: I understand I am certified for reintegration and, to the best of my knowledge, all information contained in this document is correct and current.

1. Printed name of soldier	2. Rank	3. Title
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Part B. Commander's acknowledgment: (Commanders may approve an individual for reintegration based on the certifying official's recommendation, critically, and mission needs, unless otherwise indicated.) I acknowledge the checklist findings.

1. Printed name (CDR or AG)	2. Rank	3. Title
4. Signature		5. Address
6. Phone number	7. E-mail address	8. DSN number
		9. FAX number

The Reintegration Checklist is filed in the soldier's personnel packet to complete the action.

Name (last, first, MI)						SSN			
AE Tasks are USAREUR Specific, "PRE-BL" are tasks completed before block leave									
DCSP#	Section II - DCSP Mandated Tasks Completed In-Theater					PRE-BL	No Go	Go	Date (yy/mm/dd)
1.1.1	Receive soldier/small unit leader tip card, as applicable.					X			
1.1.2	Reunion briefing.					X			
1.1.3	Suicide Awareness training.					X			
1.1.4	Redeployment Medical Threat briefing.					X			
1.1.5	Soldier Life Experience briefing.					X			
1.1.6	Complete post deployment health assessment (DD Form 2796).					X			
1.2.4	DCS command information briefing.					X			
1.4.4	Finance and legal briefing.					X			
2.3.1	Obtain initial TB test.					X			
2.3.5	Provide serum/blood sample for storage.					X			
AE 1.1.7	Antiterrorism force protection (ATFP) level I.					X			
AE 1.2.5	Postal change of address.					X			
Signature of certifying official (0-5 or higher)					Rank/title		Date		
DCSP#	Section III - DCSP Family Member/Care Provider Specific Tasks					Yes	No	Date (yy/mm/dd)	
1.5.1	Receive Army One Source information.								
1.5.13	Family members receive reunion basics training.								
1.5.14	Receive Health Threat brief.								
1.5.15	Spouses receive briefing on potential signs and symptoms of distress, if applicable.								
1.5.16	Changes in relationships briefing.								
1.5.17	Spouses take marital enrichment assessment, if applicable.								
1.5.18	Child care providers receive information on potential child behaviors of returning personnel.								
1.5.19	Child care providers receive information on single parent soldier issues.								
DCSP#	Section IV - Personnel					PRE-BL	No Go	Go	Date (yy/mm/dd)
1.2.3	Records update and evaluation reports completed (OER/NCOER) (if required).					X			
1.2.3	Promotion/awards during deployment documented in ORB/ERB.					X			
1.5.11	Ensure DD Form 214 is prepared and submitted, if applicable.					X			
2.1.10	Communication with spouse briefing.					X			
2.1.11	Communication with children briefing.					X			
AE 2.1.13	Executed pre block leave safety briefing and assessment.					X			
AE 2.1.13.1	Completed Driver's Risk Assessment Questionnaire, if required by Army in Europe Command Policy Letter 3.					X			
AE 2.1.14	Viewed Driving in Europe video and Winter Driving 2003 briefing.					X			
AE 2.1.15	Completed Day 1 unit-specific tasks (for example, meal card, ration card, barracks).					X			
AE 2.1.16	Register soldiers, families, and civilians in IACS.								
AE 2.1.17	Complete Army Research Institute survey.					X			
AE 2.1.20	Ensure leave form (DA Form 31) is completed for scheduled post-deployment leave.					X			
AE 2.1.21	Advise unit mail room/consolidated mail room (UMR/CMR) of your return.					X			
AE 2.2.15	EMILPO release from attachment transactions submitted, if applicable.								
AE 2.2.16	Verify individual PERSTEMPO updated.					X			
AE 2.2.17	Review and update emergency data record (DD Form 93) and SGLV (DD Form 8286/8286A).					X			
AE 2.4.10	If assigned TCS to your deployed unit, ensure out-processing complete (individual augmentee only).								
AE 2.5.4	Received ACAP career counseling, if applicable (DD Form 2648).								
Signature of personnel official					Rank/title		Date		
DCSP#	Section V - Finance					PRE-BL	No Go	Go	Date (yy/mm/dd)
2.4.6	Change or discontinue allotments.								
AE 2.4.11	Submit final travel voucher (DD Form 1351-2), if required.					X			
AE 2.4.12	Entitlements verified/direct deposit changes completed.								
AE 2.4.13	Discontinue Savings Deposit Program contributions.								
Signature of finance official					Rank/title		Date		
DCSP#	Section VI - Installation					PRE-BL	No Go	Go	Date (yy/mm/dd)
2.5.3	Report theft/lost/damage of personal property with HHG contractor upon delivery.					X			
AE 2.5.5	Complete HHG/personal property arrangements.					X			
AE 2.5.6	Re-active car insurance.								
AE 2.5.7	Obtain/replace expired car registration documents.								
AE 2.5.8	Replace expired driver's license.								
AE 2.5.9	Retrieve stored POV.								
AE 2.5.10	Notify military police of any damage to POV if POV is in motor pool or contracted facility.								
AE 2.5.11	Cleared quarters, BOQ, BEQ, if applicable.								
AE 2.5.12	Received family readiness group information.								
Signature of installation official					Rank/title		Date		

Name (last, first, MI)		SSN			
DCSP#	Section VII - Medical	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.16	Verify post deployment health assessment (DD Form 2796) is complete and in medical records/MEDPROS.	X			
2.1.3	Receive medical briefing in Central Region.	X			
2.2.12	Conduct MMRP, MEB, and PEB				
2.3.1	Verify initial TB test is documented in medical records and in MEDPROS.	X			
2.3.4	Complete medical screening and schedule referrals as indicated.	X			
2.3.5	Verify serum/blood sample is documented in medical records and in MEDPROS.	X			
2.3.7	Verify deployment medical record (DD Form 2766) was turned into medical treatment facility.	X			
2.3.1	Schedule follow-up 90-day TB test.	X			
AE 2.3.17	Verify dental classification.				
AE 2.3.18	Vision screening complete.				
AE 2.3.19	Receive required immunizations.				
AE 2.3.20	Verify medical emergency tags.				
Signature of medical official		Rank/title		Date	
DCSP#	Section VIII - Security	PRE-BL	No Go	Go	Date (yymmdd)
AE 2.2.18	Account for all COMSEC equipment.	X			
AE 2.2.19	Account for all classified material accessed during deployment.	X			
AE 2.2.20	Badges or devices for secure areas turned-in, as required.	X			
AE 2.2.21	Receive handling of classified material briefing.	X			
Signature of security official		Rank/title		Date	
DCSP#	Section IX - Legal	PRE-BL	No Go	Go	Date (yymmdd)
2.5.4	Notify JAG of any damage to stored POV using DD Form 788 within 2 years.	X			
AE 2.4.14	Counseled on claims filing procedure.				
AE 2.4.15	Receive legal services (for example, update wills, powers of attorney), if necessary.				
Signature of legal official		Rank/title		Date	
DCSP#	Section X - Reserve Component Specific Task	PRE-BL	No Go	Go	Date (yymmdd)
1.5.11	Ensure DD Form 214 is prepared and submitted.	X			
2.4.1	Received information on transition entitlements, legal rights, SSCRA.				
2.4.2	Received information on 18 year sanctuary (retirement), if applicable.				
2.4.8	Complete advance pay action to close out DOD charge cards.				
2.3.10	Received copy of medical profile (DA Form 3349) prior to separation, if applicable.				
2.3.11	Convert identified soldiers to ADME status.	X			
2.4.13	Received information on readjustment to the civilian workplace, reemployment rights, SSCRA.				
AE 2.1.18	Contacted civilian employer.				
AE 2.1.19	Turn-in active duty ID card and receive Reserve ID card.	X			
Signature of reserve official		Rank/title		Date	
DCSP#	Section XI - Civilian Employee Specific Tasks	PRE-BL	No Go	Go	Date (yymmdd)
1.4.3	Update deployment information in CIVTRACKS (Completed in theater).	X			
2.3.12	Extend health care for deployment connected conditions to DA civilians.	X			
2.3.3	Received Office of Workers Compensation Program (OWCP) process for occupational illness/injury.				
AE 1.4.3.1	Update emergency database.				
AE 2.2.23	Initiate restoration of annual leave.				
AE 2.2.24	Verify completion of annual personnel appraisal, if needed.				
Signature of civilian personnel official		Rank/title		Date	